

No. <b>W 97643</b>		<b>Due no later than Nov 30, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BFIT EXERCISE CENTER LLC MICHAEL D WILSON 6360 GRANDVIEW DR BOISE ID 83709 USA		MICHAEL WILSON 2228 MAIN ST BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MICHAEL D WILSON	Street or PO Address 2228 MAIN ST.		City BOISE	State ID	Country USA	Postal Code 83702
5. Organized Under the Laws of:  <b>ID</b> <b>W 97643</b>		6. Annual Report must be signed.*  Signature: Michael Wilson Name (type or print): Michael Wilson  Date: 10/13/2013 Title: Manager					
Processed 10/13/2013      * Electronically provided signatures are accepted as original signatures.							